



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received JUN 17 2011  
02-MAY-2011  
Repository   
Reference No. 10398488

**OWNER INFORMATION (Type or Print)**

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Address [REDACTED] Evening Telephone Number [REDACTED]  
City PENSACOLA State FL Zip Code [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5NPET4AC7A[REDACTED]  
Make: HYUNDAI Model: SONATA Model Year: 2010  
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]  
Original Owner:  Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Transmission Type: [REDACTED]  Antilock Brakes  Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 25-APR-2011

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS Failure Mileage: 15000 Failure Speed: 30

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTMAL9ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y

Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL\*THE CONTACT OWNS A 2010 HYUNDAI SONATA. THE CONTACT WAS DRIVING APPROXIMATELY 30 MPH, ENTERING AN INTERSECTION WHEN AN OPPOSING VEHICLE CRASHED INTO THE PASSENGER'S SIDE FRONT END. THE AIR BAG FAILED TO DEPLOY. THE CONTACT SUSTAINED A MINOR INJURY TO THE KNEE AND CHEST AREA. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO A COLLISION CENTER. THE APPROXIMATE FAILURE MILEAGE WAS 15,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

|                         |                          |                             |  |   |   |
|-------------------------|--------------------------|-----------------------------|--|---|---|
| Crash Date<br>4/25/2011 | Time of Crash<br>2:00 PM | Date of Report<br>4/25/2011 | Reporting Agency<br>FLORIDA HIGHWAY PATROL | Reporting Agency Case Number<br>FHPA11OFF017895 | HSMV Crash Report Number<br>82093243-01 |
|-------------------------|--------------------------|-----------------------------|--|---|---|

## CRASH IDENTIFIERS

|   |  |                                |  |                          |   |   |
|---|--|--------------------------------|--|--------------------------|---|---|
| County Code<br>9                        | City Code                                    | County of Crash<br>ESCAMBIA    | Place or City of Crash                 | Within City Limits<br>NO | Reported Date/Time<br>4/25/2011 2:03 PM | Dispatched Date/Time<br>4/25/2011 2:04 PM |
| On Scene Date/Time<br>4/25/2011 2:14 PM | Cleared Scene Date/Time<br>4/25/2011 3:10 PM | Investigation Completed<br>YES | Reason (if Investigation Not Complete) |                          | Notified By<br>LAW ENFORCEMENT AGENCY   |   |

## ROADWAY INFORMATION

|   |          |                          |   |                             |                               |
|---|----------|--------------------------|---|-----------------------------|-------------------------------|
| Crash Occurred on Street, Road, Highway<br>SR 291 (DAVIS HWY) |          |                          | At Street Address #   | At Latitude<br>N 30 31.0449 | And Longitude<br>W 87 12.9108 |
| At Feet   | Or Miles | Direction                | From Intersection With Street, Road, Highway<br>JOHNSON AVE | Or From Milepost Number     |                               |
| Road System Identifier<br>STATE                               |          | Type of Shoulder<br>CURB | Type of Intersection<br>FOUR-WAY INTERSECTION               |                             |                               |

## CRASH INFORMATION

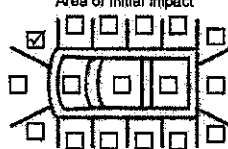

|   |  |  |                           |  |
|---|--|--|---------------------------|--|
| Light Condition<br>DAYLIGHT   | Weather Condition<br>CLEAR                               | Roadway Surface Condition<br>DRY           | School Bus Related<br>NO  | Manner of Collision<br>ANGLE                               |
| First Harmful Event Type<br>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT | First Harmful Event Detail<br>MOTOR VEHICLE IN TRANSPORT | First Harmful Event Location<br>ON ROADWAY | Within Interchange<br>YES | First Harmful Event's Relation to Junction<br>INTERSECTION |
| Contributing Circumstances: Road<br>NONE  |  | Contributing Circumstances: Road           |                           | Contributing Circumstances: Road                           |
| Contributing Circumstances: Environment<br>NONE                                       |  | Contributing Circumstances: Environment    |                           | Contributing Circumstances: Environment                    |
| Work Zone Related<br>NO   | Crash in Work Zone                                       | Type of Work Zone                          | Workers in Work Zone      | Law Enforcement in Work Zone                               |

## VEHICLE

|   |  |  |                               |  |   |   |                                     |   |
|---|--|--|-------------------------------|--|---|---|-------------------------------------|---|
| Vehicle<br>V01  | Motor Vehicle Type<br>MOTOR VEHICLE IN TRANSPORT           | Hit & Run (by this vehicle)<br>NO              | License Number                | State<br>FL                                      | Reg. Expires<br>8/3/2012                                | Permanent Reg.<br>NO                          | VIN<br>5NMSH13EX7H                  | Rotation                                    |
| Year<br>2007  | Make<br>HYUN   | Model<br>SANTA FE                              | Style<br>LT                   | Color<br>LBL                                     | Extent of Damage<br>DISABLING                           | Est. Damage<br>10,000                         | Towed Due to Damage<br>NO           | Vehicle Removed By                          |
| Insurance Company<br>STATE FARM                                   |  | Insurance Policy Number                        |                               |  |   |   |                                     |   |
| Name of Vehicle Owner   |  | Business <input type="checkbox"/>              | Current Address               |  | City<br>PENSACOLA                                       | State<br>FL                                   | Zip Code                            | Phone Number(s)                             |
| Trailer One   | License Number   | State  | Reg. Expires                  | Permanent Reg.<br>NO                             | VIN   | Year  | Make                                | Length                                      |
| Trailer Two   | License Number   | State  | Reg. Expires                  | Permanent Reg.<br>NO                             | VIN   | Year  | Make                                | Length                                      |
| Vehicle<br>Traveling  | Direction<br>NORTH   | On Street, Road, Highway<br>SR 291 (DAVIS HWY) |                               |  | At Est. Speed<br>35                                     | Posted Speed<br>35                            | Total Lanes<br>4                    |   |
| CMV Configuration   | Cargo Body Type  |  | Area of Initial Impact        |  |   | Most Damaged Area                             |                                     |   |
| Comm GVWR/GCWR  | Trailer Type (Trailer One)                                 |  | Trailer Type (Trailer Two)    |  | <input checked="" type="checkbox"/> Undercarriage       | <input type="checkbox"/> Overtum              | <input type="checkbox"/> Windshield | <input checked="" type="checkbox"/> Trailer |
| Haz. Mat. Release   | Haz Mat Placard  | Haz. Mat. Number                               | Haz. Mat. Class               |  |   |   |                                     |   |
| Motor Carrier Name  | US DOT Number  |  |                               |  |   |   |                                     |   |
| Motor Carrier Address   | Address Other  |  | City                          | State  | Zip Code  | Phone Number                                  |                                     |   |
| Comm/Non-Commercial   | Vehicle Body Type<br>(SPORT) UTILITY VEHICLE               | Vehicle Defects (one)<br>NONE                  | Vehicle Defects (two)         |  | Emergency Vehicle Use<br>NO                             | Special Function of MV<br>NO SPECIAL FUNCTION |                                     |   |
| Vehicle Maneuver Action<br>STRAIGHT AHEAD                         | Trafficway<br>TWO-WAY, NOT DIVIDED                         | Roadway Grade<br>LEVEL                         | Roadway Alignment<br>STRAIGHT | Most Harmful Event<br>COLLISION NON-FIXED OBJECT | Most Harmful Event Detail<br>MOTOR VEHICLE IN TRANSPORT |   |                                     |   |
| Traffic Control Device for this Vehicle<br>TRAFFIC CONTROL SIGNAL | First (1) Sequence of Events<br>COLLISION NON-FIXED OBJECT | Second (2) Sequence of Events                  |                               | Third (3) Sequence of Events                     | Fourth (4) Sequence of Events                           |   |                                     |   |
|   |  | MOTOR VEHICLE IN TRANSPORT                     |                               |  |   |   |                                     |   |

## VEHICLE

|                            |  |   |                 |                      |                               |                       |                           |                    |
|----------------------------|--|---|-----------------|----------------------|-------------------------------|-----------------------|---------------------------|--------------------|
| Vehicle<br>V02             | Motor Vehicle Type<br>MOTOR VEHICLE IN TRANSPORT | Hit & Run (by this vehicle)<br>NO       | License Number  | State<br>FL          | Reg. Expires<br>12/2/2011     | Permanent Reg.<br>NO  | VIN<br>5NPET4AC7AH        | Rotation           |
| Year<br>2010               | Make<br>HYUN                                     | Model<br>SONATA                         | Style<br>4D     | Color<br>BRO         | Extent of Damage<br>DISABLING | Est. Damage<br>10,000 | Towed Due to Damage<br>NO | Vehicle Removed By |
| Insurance Company<br>GEICO |  | Insurance Policy Number                 |                 |                      |                               |                       |                           |                    |
| Name of Vehicle Owner      |  | Business <input type="checkbox"/>       | Current Address |                      | City<br>PENSACOLA             | State<br>FL           | Zip Code                  | Phone Number(s)    |
| Trailer One                | License Number                                   | State                                   | Reg. Expires    | Permanent Reg.<br>NO | VIN                           | Year                  | Make                      | Length             |
| Trailer Two                | License Number                                   | State                                   | Reg. Expires    | Permanent Reg.<br>NO | VIN                           | Year                  | Make                      | Length             |
| Vehicle<br>Traveling       | Direction<br>EAST                                | On Street, Road, Highway<br>JOHNSON AVE |                 |                      | At Est. Speed<br>20           | Posted Speed<br>30    | Total Lanes<br>2          |                    |

|   |  |                               |   |  |   |
|---|--|-------------------------------|---|--|---|
| Crash Date<br>4/26/2011   | Time of Crash<br>2:00 PM                                   | Date of Report<br>4/26/2011   | Reporting Agency<br>FLORIDA HIGHWAY PATROL  | Reporting Agency Case Number<br>FHPA11OFF017895  | HSMV Crash Report Number<br>82093243-01   |
| GMV Configuration   | Cargo Body Type  |                               | Area of Initial Impact  |  | Most Damaged Area   |
| Comm GVWR/GCWR  | Trailer Type (Trailer One)                                 | Trailer Type (Trailer Two)    | <input checked="" type="checkbox"/> Undercarriage<br><input type="checkbox"/> Overturn<br><input type="checkbox"/> Windshield<br><input type="checkbox"/> Trailer |  | <input checked="" type="checkbox"/>   |
| Haz. Mat. Release   | Haz Mat Placard  | Haz. Mat. Number              |   |  |  |
| Motor Carrier Name  | US DOT Number  |                               | City  | State  | Zip Code  |
| Motor Carrier Address   | Address Other  |                               | Phone Number  |  |   |
| Comm/Non-Commercial   | Vehicle Body Type<br>PASSENGER CAR                         | Vehicle Defects (one)<br>NONE | Vehicle Defects (two)   | Emergency Vehicle Use<br>NO                      | Special Function of MV<br>NO SPECIAL FUNCTION                                       |
| Vehicle Maneuver Action<br>STRAIGHT AHEAD                         | Trafficway<br>TWO-WAY, NOT DIVIDED                         | Roadway Grade<br>LEVEL        | Roadway Alignment<br>STRAIGHT   | Most Harmful Event<br>COLLISION NON-FIXED OBJECT | Most Harmful Event Detail<br>MOTOR VEHICLE IN TRANSPORT                             |
| Traffic Control Device for this Vehicle<br>TRAFFIC CONTROL SIGNAL | First (1) Sequence of Events<br>COLLISION NON-FIXED OBJECT | Second (2) Sequence of Events | Third (3) Sequence of Events  | Fourth (4) Sequence of Events                    |   |
| MOTOR VEHICLE IN TRANSPORT  |  |                               |   |  |   |

**PERSON RECORD**

|  |                                  |   |   |  |                                  |                               |
|--|----------------------------------|---|---|--|----------------------------------|-------------------------------|
| # 1  | Person Type<br>DRIVER            | Vehicle #<br>V01                                  | Name  | Injury Severity<br>NON-INCAPACITATING                    | Ejection<br>NOT EJECTED          | Driver ReExam<br>NO           |
| Date of Birth  | Sex<br>F                         | Condition at Time of Crash<br>APPARENTLY NORMAL   | Address   |  | Phone Number                     |                               |
| Driver License Number  | State<br>FL                      | Expires<br>04/14/2014                             | Type<br>CLASS E / OPERATOR  | Commercial Motor Vehicle Endorsements                    |                                  |                               |
| Restraint Systems<br>SHOULDER AND LAP BELT USED  |                                  | Air Bag Deployed<br>DEPLOYED - FRONT              |   | Helmet Use   | Eye Protection<br>NOT APPLICABLE |                               |
| Motor Vehicle Seating Position: Row<br>FRONT   |                                  | Motor Vehicle Seating Position: Seat<br>LEFT      |   | Motor Vehicle Seating Position: Other<br>NOT APPLICABLE  |                                  |                               |
| Driver Distracted By<br>NOT DISTRACTED   |                                  | Driver Vision Obstructions<br>VISION NOT OBSCURED |   |  |                                  |                               |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer)<br>RAN RED LIGHT |                                  |   | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) |  |                                  |                               |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer)                  |                                  |   | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) |  |                                  |                               |
| Suspected Alcohol Use<br>NO  | Alcohol Tested<br>TEST NOT GIVEN | Alcohol Test Type                                 | Alcohol Test Result   | BAC  | Suspected Drug Use<br>NO         | Drug Tested<br>TEST NOT GIVEN |
| Source of Transport to Medical Facility<br>EMS   |                                  | EMS Agency Name or ID<br>ESCAMBIA CO EMS          | EMS Run Number<br>104876  | Medical Facility Transported To<br>WEST FLORIDA HOSPITAL |                                  |                               |

**PERSON RECORD**

|   |                                  |   |   |  |                                  |                               |
|---|----------------------------------|---|---|--|----------------------------------|-------------------------------|
| # 2   | Person Type<br>DRIVER            | Vehicle #<br>V02                                  | Name  | Injury Severity<br>NON-INCAPACITATING                    | Ejection<br>NOT EJECTED          | Driver ReExam<br>NO           |
| Date of Birth   | Sex<br>M                         | Condition at Time of Crash<br>APPARENTLY NORMAL   | Address   |  | Phone Number                     |                               |
| Driver License Number   | State<br>FL                      | Expires<br>12/02/2014                             | Type<br>CLASS E / OPERATOR  | Commercial Motor Vehicle Endorsements                    |                                  |                               |
| Restraint Systems<br>SHOULDER AND LAP BELT USED   |                                  | Air Bag Deployed<br>NOT DEPLOYED                  |   | Helmet Use   | Eye Protection<br>NOT APPLICABLE |                               |
| Motor Vehicle Seating Position: Row<br>FRONT  |                                  | Motor Vehicle Seating Position: Seat<br>LEFT      |   | Motor Vehicle Seating Position: Other<br>NOT APPLICABLE  |                                  |                               |
| Driver Distracted By<br>NOT DISTRACTED  |                                  | Driver Vision Obstructions<br>VISION NOT OBSCURED |   |  |                                  |                               |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer)<br>NO CONTRIBUTING ACTION |                                  |   | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) |  |                                  |                               |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer)                           |                                  |   | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) |  |                                  |                               |
| Suspected Alcohol Use<br>NO   | Alcohol Tested<br>TEST NOT GIVEN | Alcohol Test Type                                 | Alcohol Test Result   | BAC  | Suspected Drug Use<br>NO         | Drug Tested<br>TEST NOT GIVEN |
| Source of Transport to Medical Facility<br>EMS  |                                  | EMS Agency Name or ID<br>ESCAMBIA CO EMS          | EMS Run Number<br>104876  | Medical Facility Transported To<br>WEST FLORIDA HOSPITAL |                                  |                               |

**VIOLATION**

|              |               |                                     |  |                             |
|--------------|---------------|-------------------------------------|--|-----------------------------|
| Person#<br>1 | Violator Name | FL Statute Number<br>316.075(1)(c)1 | Violation Description<br>FAIL TO STOP AT STEADY RED SIGNAL | Citation Number<br>8638-SVB |
|--------------|---------------|-------------------------------------|--|-----------------------------|

**WITNESS RECORD**

|        |      |         |              |
|--------|------|---------|--------------|
| #<br>3 | Name | Address | Phone Number |
|--------|------|---------|--------------|

**NARRATIVE**

|                   |                 |                        |                   |  |              |
|-------------------|-----------------|------------------------|-------------------|--|--------------|
| ID Number<br>2593 | Rank<br>TROOPER | Name<br>T.C. ST. CLAIR | Troop / Post<br>A | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number |
|-------------------|-----------------|------------------------|-------------------|--|--------------|

V01 was traveling Northbound on SR 291 (Davis Hwy) in the outside lane approaching the intersection of Johnson Ave. V02 was traveling Eastbound on Johnson Ave approaching SR 291 (Davis Hwy). V02 proceeded to through the intersection of SR 291 (Davis Hwy) as V01 failed to stop at a steady red light. V01's left front struck V02's right front. After collision, V01 rotated clockwise and V02 rotated counter clockwise causing a second collision. V01's left rear struck V02's right side. V01 then came to final rest facing South in the Northeast corner of the intersection blocking the Northbound lanes of SR 291 (Davis Hwy), and V02 came to final rest facing North in the Southbound left turn lane of SR 291 (Davis Hwy).

**REPORTING OFFICER**

|                   |                 |                        |                   |  |              |
|-------------------|-----------------|------------------------|-------------------|--|--------------|
| ID Number<br>2593 | Rank<br>TROOPER | Name<br>T.C. ST. CLAIR | Troop / Post<br>A | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number |
|-------------------|-----------------|------------------------|-------------------|--|--------------|

|                         |                          |                             |  |   |   |
|-------------------------|--------------------------|-----------------------------|--|---|---|
| Crash Date<br>4/25/2011 | Time of Crash<br>2:00 PM | Date of Report<br>4/26/2011 | Reporting Agency<br>FLORIDA HIGHWAY PATROL | Reporting Agency Case Number<br>FHPA11OFF017895 | HSMV Crash Report Number<br>82093243-01 |
|-------------------------|--------------------------|-----------------------------|--|---|---|

DIAGRAM OF CRASH

